New York Marine and General Insurance Company

TITLE INSURANCE AGENCY SUPPLEMENT

Firm Name:	

1	Name of Title Insurance Agency:	
2	Ownership Interest	
	a. Does the applicant have sole ownership interest?	
	b. When was the Agency formed or acquired?	
	c. If the applicant does not have sole ownership interest in the Title Insurance Agency listed above, please describe the nature and percentage of ownership interest:	
	Ownership %:	
	Nature of Interest:	
3	How many Title Insurance Agents work solely for the Agency?	
4	How many employees other than Title Insurance Agents work solely for the Agency?	
5	How many of the applicant law firm's attorneys are Title Insurance Agents for the Agency?	
6	After inquiry, is anyone in the firm aware:	
	a. Of any professional liability claims made against any such Title Insurance Agency, their predecessors, or their present or former agents or employees, while affiliated with the Agency, in the past five years?	
	b. Of any acts or omissions that may reasonably be expected to be the basis of claims being made against such Title Insurance Agency, their predecessors, or their present or former agents or employees, while affiliated with the agency?	
	c. If yes to either question above, please describe below:	
7	a. Has any similar insurance for any such Title Insurance Agency, their predecessors in business, or for their present or past agents ever been declined or cancelled?	
	b. If yes, please describe below:	

8

Insurance History:

a. Is the Title Insurance Agency currently insured for professional liability?

b. If yes, please provide insurance history below:

Year	Insurance Company	Limits (per claim/aggregate)	Retention / Deductible	Covered # of attorneys	Annual Premium

c. For how many years has the Title I nsurance Agencybeen continuouslyinsured for malpractice claims?

d. Please enter the prior acts exclusion date, if applicable:

NOTE: if the Title Insurance Agency is a spin-off from another Title Insurance Agency please include the number of years that Title Insurance Agency has been continuously insured.

e. Has the Title Insurance Agency ever purchased an Extended Reporting Period Option?

9

List the names of the Title Insurance Companies whom the applicant represents and the approximate premium volume placed with each:

Title Insurance Company	# of Agents	# of Employees	Premium Value

Applicant:

By

SIGNATURE OF OFFICER OR PARTNER OF THE FIRM | PRINT NAME OF OFFICER OR PARTNER | DATE